## Training Log Ambulatory Surgical Centers

Directions: Please input the surveyor name at the top of each column. Place the date training completed for each item in the subsequent boxes.

Item	Name/						
	Date						
ASC Basic online							
training							

Directions: Each task and objective may not be covered during every survey. Indicate in the subsequent columns, the correct identifier conducted during the survey. These include if the new surveyor observed (O), required assistance to complete (R/A), completed the task independently (I), or self-attestation (SA). Indicate N/A in the space if an identifier does not apply. Place the date the identification is made.

On	-Site Surveyor	O, R/A, I, SA/	O,R/A, I, SA/	O, R/A, I, SA/				
Training	Date	Date	Date	Date	Date	Date	Date	
1.	Reviews facility information and makes copies as necessary							
2.	Gathers all necessary worksheets							
3.	Participates in the pre-survey team meeting							
4.	Serves as Team Lead							
Go	Goal: Conducts the Entrance Conference.							
1.	Provides and receives appropriate information							
Go	oal: Conducts the su	rvey as outli	ined in the	State Opera	ations Man	ual (SOM)	-	
1.	Facility tour							
2.	Patient tracer with Infection Control Worksheet							
3.	Observations							
4.	Document							

Preceptor Manual, 2016 Provider Type: Ambulatory Surgical Center

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	Review							
5.	Interviews							
Go	Goal: Completes post-survey activities in accordance with ASC protocol.							
1.	Form CMS-377 completion							
2.	Infection Control Worksheet completion							
3.	Writes examples for Form CMS- 2567							
4.	Ensures all necessary information is in the packet							
5.	Review and follow-up with Plan of Correction (POC)							
6.	Prints 670 and 2567B							